

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

148

Registered No.

175

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Gila Country Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Infant Carroll

{ If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

MaleTo be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

## 6. Legitimate?

Yes7. Date of birth Sept 18, 1931  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## 5. No., in order of birth

## 8.

## FATHER

Full name Charles Lanning Carroll

## 9. Residence

(Usual place of abode)

GlobeIf non-resident, give place and state. Ariz

## 10. Color or race

White11. Age at last birthday 26 (Years)

## 12. Birthplace (city or place)

Georgia

(State or country)

## 13. Occupation

Nature of Industry Salesman

## 14.

## MOTHER

Full maiden name Mary Jane Brogan

## 16. Residence

(Usual place of abode)

GlobeIf non-resident, give place and state. Ariz

## 16. Color or race

White17. Age at last birthday 22 (Years)

## 18. Birthplace (city or place)

Dunkirk

(State or country)

Scotland

## 19. Occupation

Nature of Industry Housewife

## 20. Number of children of this mother

2(Taken as of time of birth of child herein  
certified and including this child.)

## (a) Born alive and now living

1

## (b) Born alive but now dead

0

## (c) Stillborn

121. Were precautions taken against oph-  
thalmia neonatorum?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was stillborn at 8:45 A m. on the date above stated.  
(Born ~~alive~~ stillborn.)

Signature

C. W. Adams\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Box 6 Physician(Physician to stillborn)Given name added from  
a supplemental report033-918-425

Month, day, year

Address Box 6 36 Globe, ArizFiled 10/5 1931H. E. Wright

Registrar

Registrar